



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OFFICE OF EMERGENCY MEDICAL SERVICES

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JAMES E. MCGREEVEY
Governor

CLIFTON R. LACY, M.D.
Acting Commissioner

**MICU Advisory Council Meeting
December 10, 2001
Minutes**

Dr. Nevins called the meeting to order at 10:10 a.m.

A change was made to the September 2001 minutes to the report for the New Jersey Association of Paramedic Programs to reflect correct information regarding the base rate reimbursement. The third paragraph should read, "The industry is trying to increase the base rate from \$170.00 to \$250.00."

***New Jersey EMS Response to September 11, 2001-
Dr. Sol Nevins***

Dr. Nevins requested a minute of silence for the victims and family members of the September 11 events in our country. The response from New Jersey Emergency Medical Services was incredible and all personnel and agencies are to be congratulated for their participation and support. EMS agencies, volunteer and proprietary, in New Jersey were able to provide over 400 ambulances and 70 MICUs to various locations to assist New York City.

***HCFA Update-
Dr. Sol Nevins***

The federal regulations have not been published. The rumor mill has identified April 2002 for possible publication of the anticipated negotiated rule making regulations. The Senate is current conducting hearings for Bill S1350. Bill S1350 proposes to increase the reimbursement amount of the base rate.

***MICU Future Planning-
Dr. John Brennan***

A draft of the Pediatric Standing Orders and Recommended Communication Failure Protocols were made available from the EMS for Children Council. This document will go to the Standing Orders Committee for review one more time. Any medical director wanting to comment should contact Dr. Larry DesRochers @ ldesrochers4@comcast.net. Once the Standing Order Committee reviews the document, it will go back to the EMS for Children Advisory Council for review and approval.

The Governor elect has created a group "MEDPREP" to review domestic preparedness in New Jersey.

The NJHA document "A Hospital Guide to Diversion" has been revised. Copies are available through the Hospital Association or OEMS. This document has been sent by the Hospital Association to all of their members.



NEW JERSEY
Many Faces. One Family.

Susan Way will provide an update on Specialty Care Transportation and the regulations in her report. In addition, there has been a reorganization involving OEMS in the Department of Health and Senior Services.

Chuck McSweeney will be the resource person for the electronic charting system. It is the goal of OEMS to create a web base-charting program that will collect data elements and allow MICU program to customize for their own research and QA.

Laryngeal mask airways (LMAs) are working their way into the BLS arena. MICUs should become familiar with these devices. General consensus believes that this is a good thing. A training program needs to be developed and accepted into the National curriculum.

Medication and Device Committee-

Dr. Robert Lahita

There was a discussion about Retavase, but no one from Hunterdon Medical Center was present to present the statistical information regarding the study. Dr. Elliot Justin and Marty Hogan from Hunterdon Medical Center will present results of the study at the next meeting.

Dan Wernikopt from Pascack Valley presented Propofol (diprivan) to add as an optional medication. There was a motion, no second. Motion died. There was no discussion.

Pralidoxine chloride (2-PAM) is currently on the optional list of medications. Mark-1® kits will be added to the medication formulary to allow either form of pralidoxine chloride to be carried on the vehicles and used in standing orders and radio failure protocols per medical director's discretion.

Cyanide poisoning kits were approved and given a waiver for use by OEMS. This waiver is issued for these kits until the new N.J.A.C. 8:41 are adopted with this listed as an optional medication.

Standing Orders-

Dr. Larry DesRochers

The pediatric standing orders and recommended radio failure protocols draft have the comments from the MICU Standing Orders Committee. The MICU Advisory Council should forward any additional suggestions to Dr. DesRochers. The final document will be presented to the MICU Advisory Council for a vote at the March 2002 meeting. Medical Directors that need copies of these can contact Nancy Kelly-Goodstein in OEMS.

Cyanide Poisoning Standing Orders

Dr. Gluckman presented the standing order for cyanide poisoning. A motion was obtained to approve and seconded. There was discussion regarding the administration of a prepackaged kit or could the medications be purchased individually. This would make it easier and less expensive on the MICUs since these kits can become expensive. **The medications are approved as a kit only.** Amyl nitrate, sodium nitrate and sodium thiosulfate may not be carried individually on a licensed MICU.

Medical Directors may elect to adopt the standing order as is. The radio failure protocols should contain direction for the administration of the balance of the cyanide poisoning kits. Notification and a copy of the radio failure protocol shall be submitted to OEMS.

Nerve Agent Poisoning Standing Order

Dr. Gluckman presented the standing order for nerve agent poisoning. A motion was obtained to approve and seconded. There was a discussion regarding the administration of Mark-1® kits. The medications are currently approved on the optional list and, therefore, may be carried individually or in the MARK-1® kits. OEMS will use "NAAK" (nerve agent antidote kit) terminology instead of MARK-1®. The standing order has been broken down into mild and severe exposures to

streamline standing order. MICU crewmembers can utilize the standing order to start treatment and then refer to a physician for further orders.

Medical Directors may elect to adopt the standing order as is. The radio failure protocols should contain direction for the administration of the balance of the NAAK kits or medications at the discretion of the medical director. Notification and a copy of the radio failure protocol shall be submitted to OEMS.

Cyanide Poisoning and Nerve Agent Poisoning standing orders are attached at the end.

Dr. Nevins question Council if there is anything else we should be doing since the September 11 disaster.

Legislation-

Ms. Susan Caputo

These are the Bills that we should be aware of.

State Legislation:

Bill A2829/ S2009 introduced by Quigley; requires insurance carriers to use “prudent layperson” definition for coverage of emergency health care emergencies. If this bill is not voted on by December 31, 2001, the bill will die.

Bill A3303/S2093 introduced by Collins; prohibits healthcare facilities from requiring certain hourly wage employees to perform mandatory OT.

Bills A2218 introduced by Gregg, A3351 by Gregg and S2417 by Bennett; requires impact statement for any proposed regulations affecting the volunteer squads. This passed the first time, but vetoed by then Governor Whitman. This may pass the assembly, but the bill may die December 31, 2001. The EMS Council is to review this bill and comment.

Bill A924 introduced by Kelly; will permit firefighter paramedics to provide ALS services under the directions of an authorized hospital. This bill came from nowhere in particular.

Bill A1706 introduced by Wisniewski; requires DCA to incorporate into State Uniform Construction Code certain dimension requirements for elevators to accommodate stretchers in residential buildings.

Federal Legislation:

Bill S1350 introduced by Dayton; to amend the title XVIII of the Social Security Act to provide payment to Medicare ambulance suppliers for the full costs of providing such services, and for other purposes.

EMS Council

Dr. James Pruden

A great amount of time has been spent on the September 11th disaster and many EMS organizations are revisiting their local disaster plans and amending them accordingly.

The final report on New Jersey Trauma Care should be forthcoming. The EMS Council has identified 20 concerns that will be addressed in this report. Sally Maestriperi, as a consultant, will write the final report for OEMS. Funds were provided by a grant supplied by the Federal EMSC Program.

New Jersey Association of Paramedic Programs

Mr. Martin Hogan

There was a discussion regarding the placement of rapid sequence induction (RSI) in the regulations. We should create a game plan to address concern of trauma surgeons and anesthesia's. The Trauma Council is on record as against this procedure. A study conducted by

Virtua MICU has shown this procedure safe and can only benefit patient care. The training program has been developed and the aeromedical program currently utilizes this procedure. RSI is being practiced in various parts of the country and in the national curriculum.

The leading edge conference was a success and Marty thanked all people who were involved.

NJAPP had participated in the League of Municipalities. This is a continual educational program for administrators, managers and politicians of different communities in regards to the issues facing the MICU community. An article was published in the League of Municipalities Newsletter.

There currently is a cyber-war going on between ALS and BLS. This is not the way to solve our differences and can be very self-destructive of our profession. MICU directors should communicate with staff members to prevent the continuance of this problem.

Decision regarding RSI was retouch. It was reiterated that this is a safe procedure and will require constant monitoring of competencies. During the comment period of the proposed regulations comments should be submitted in favor of this procedure and the RSI medications.

Helicopter Program-

Dr. Joseph Hummel

The call volume continues to increase.

The NJSP has a RFP for 5 Ships that will all be configured the same to help streamline the training of pilots and mechanics on the aircrafts.

Office of Emergency Medical Services-

Ms. Susan Way

The waiver issued is for the Cyanide kits, not for the use of the standing order.

A new Division was created in the Department due to recent events of September 11th. OEMS will be part of this new division called the "Division of Local Health & Emergency Services." This will include OEMS, the Office of Local Health and the Office of Emergency Response. This will make additional resources available to OEMS and work closely with other Divisions in the Department. The Acting Division Director will be Rich Matzer. Mr. Matzer reports to Jim Blumenstock, Senior Assistance Commissioner of Public Health Protection and Prevention Programs.

The 2002 EMS Week Awards dinner is going to be heading south this year. They will be held at the Radisson in Mt Laurel. This location is convenient to 295 and the Turnpike. It will be on May 20, 2002 at 6 PM. Award nominations are due to OEMS by 5 PM on March 15. The nomination forms and information are available on the OEMS website under upcoming events.

The EMS for Children will be having their third conference on May 5 & 6, 2002 at the Radisson Hotel in Mount Laurel. Turn out has been great, early registration is recommended.

The EMS for Children Advisory Council has changed their meetings from every other month to quarterly. The dates for 2002 are March 19, May 6, September 17, and November 19.

The regulations are being finalized and will now start the review process. After review and final signoff by the Commissioner, the Healthcare Administrative Board will have to review N.J.A.C. 8:40 and N.J.A.C. 8:40A and approve them in their entirety before publication can occur. However, it is the desire of OEMS to publish all four chapters at the same time since they work essentially with each other.

Education-

Mr. Robert Dinetz

The EMT Training Fund has increased the reimbursement for an EMT-Basic Program from \$325.00 to \$550.00. The program will now be broken down into seven modules and a reimbursement dollar percentage of the \$550.00 will be given to the agency once a student completes that particular module. The minutes of the EMT Training Fund are posted on the OEMS website for everyone to view.

The state will be moving towards National Registry to conduct the EMT-Basic testing for New Jersey. After 18 months of planning, we are ready to begin this process. In June of 2000, the National Registry made three regional presentations to all of the EMT course coordinators and interested parties. Seventy percent of instructors took the National Registry test themselves. The pass rate was seventy-five percent. Any EMT-B class starting on or after January 1, 2002 will have the National Registry testing process rather than the New Jersey state test. Candidates that pass the National Registry test will receive certification from National Registry and also New Jersey. It will be up to the EMT-B to maintain their National Registry certification if they wish, similar to the paramedics that hold both certifications. The National Registry certification will not be required by the State to maintain.

There were 10 candidates for the paramedic test for December 2001. Three of these candidates passed the practical. Stations failed were assessment (4), cardiac (2), oral (4) and basic skill (1). Still missing roughly 100 recertification applications that expire this month, please get them in.

Old Business-

Dr. Sol Nevins

AdHoc report from Dr. Joseph Hummel regarding the OEMS website was not met. The names of interested individuals were given to Dr. Hummel and will look for a report at the March 2002 meeting.

Dr. Gluckman stated that the New Jersey State Police with University Hospital are offering a Domestic Preparedness Weapons of Mass Destruction Hospital Course. If any hospital organization is interested, please contact Dr. Gluckman or the NJSP.

Dr. Gluckman reports that on January 8, 2002 at the Newark Airport Marriott a Decon Expo sponsored by the Newark MMRP will be held offering information and equipment. Interested parties should contact Dr. Gluckman at 973-733-7592

Meeting adjourned